

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	_____	8.31.13/1204	0.1	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	8.31/13/0044	_____	11.3	99	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: <u>9.1.13</u>			Signature: <u>[Signature]</u>			
Comments: <u>Run out of Nitrogen</u>						

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

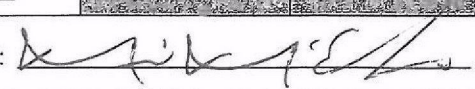
Section 2 – Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Type of Event	Military Time			Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End	Duration (hours)		Yes	No**
<input checked="" type="checkbox"/> Startup	10-16-13 / 1113	10-16-13 / 1113	0	---	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	10-15-13 / 1312	10-16-13 / 1113	22	99	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	---	---	---	---	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	---	---	---	---		
Date Form Filled Out: <u>10-17-13</u>				Signature: 		

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

If SOP in SSM Plan was not followed, **notify site engineer immediately. **Defected drain valve install. Damaged PLC ; OIT. No gas free vented.*

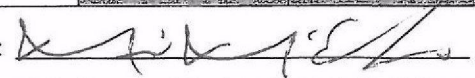
Section 2 – Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: <u>Randy Davis / on site</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	<u>10.17.13</u> <u>0905</u>	<u>10.17.13</u> <u>0906</u>	<u>0.1</u>	—	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	<u>10.16.13</u> <u>1513</u>	<u>10.17.13</u> <u>0905</u>	<u>18</u>	<u>99</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	—	—	—	—	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	—	—	—	—		
Date Form Filled Out: <u>10.18.13</u>			Signature: 			

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately. *Flare turned off overnight due to PLC damage.*

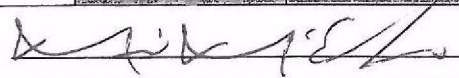
Section 2 – Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	10-18-13 / 0718	10-18-13 / 0718	0.1		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	10-17-13 / 1303	10-18-13 / 0718	18.4	99	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction					Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction						
Date Form Filled Out: 10-17-13			Signature: 			

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately. Flare turned off over night due to PLC damage.

Section 2 – Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	10.18.13 1328	10.18.13 1329	0.1	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	10.18.13 1117	10.18.13 1328	1.2	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: <u>10.19.13</u>			Signature: <u>[Signature]</u>			

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately. Trouble shooting Electrical Components.

Section 2 – Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas is being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	<u>10-21-13</u> <u>1253</u>	<u>10-21-13</u> <u>1255</u>	<u>0.1</u>	<u>1</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	<u>10-21-13</u> <u>1149</u>	<u>10-21-13</u> <u>1253</u>	<u>1.1</u>	<u>1</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: <u>10-22-13</u>			Signature: <u>[Signature]</u>			

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately. ** Trouble shooting Electrical Components.*

Section 2 – Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	10.23.13 / 1633	10.23.13 / 1634	0.1	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	10.23.13 / 1318	10.23.13 / 1633	3.2	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	—	—	—	—	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	—	—	—	—		
Date Form Filled Out: <u>10.25.13</u>			Signature: <u>[Signature]</u>			

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately. Installed new PLC, card, Power Supply.

Section 2 – Malfunction Events Only Components damaged by bad carrier.

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe):	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: <u>LFG Specialists</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	10.29.13 1330	10.29.13 1331	0.1	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	10.29.13 0833	10.29.13 1330	5.2	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	—	—	—	—	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	—	—	—	—		
Date Form Filled Out: <u>11.1.13</u>			Signature: <u>[Signature]</u>			

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

If SOP in SSM Plan was not followed, **notify site engineer immediately. ** Shutdown by LFG to install a new*

Section 2 – Malfunction Events Only *CARRIER, PLC, card & Power Supply.*

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	_____	11/24/13 1602	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	11/23/13 1948	_____	_____	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____	_____	_____
Date Form Filled Out: 12.4.13			Signature: <u>[Signature]</u>			
Comments: Condensate drain on Floor Stack clogged & froze over night, triggered Flare "High Flow" Alarm. Cleared clog on 11.24.13 & restarted Flare.						

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 – Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	_____	11.24.13 / 1610	0.1	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	11.24.13 / 0856	_____	6.2	99	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 11.25.13			Signature: <u>[Signature]</u>			
Comments: <u>Run out of Nitrogen</u>						

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 – Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	_____	12.11.13 / 1610	0.1	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	12.11.13 / 1404	_____	1.0	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 12.14.13			Signature: <u>[Signature]</u>			

Comments: Auto-Restart.

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 – Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>